



Complete Summary

TITLE

End stage renal disease (ESRD): percentage of patients aged 18 years and older with a diagnosis of ESRD and receiving hemodialysis who have a functioning AV fistula OR patients who are referred for an AV fistula at least once during the 12 month reporting period.

SOURCE(S)

Renal Physicians Association, Physician Consortium for Performance Improvement. End stage renal disease (ESRD) physician performance measurement set. Chicago (IL): American Medical Association; 2007 Mar 9. 27 p. [8 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess percentage of patients aged 18 years and older with a diagnosis of end stage renal disease (ESRD) and receiving hemodialysis who have a functioning arteriovenous (AV) fistula OR patients who are referred for an AV fistula at least once during the 12 month reporting period.

RATIONALE

A functioning arteriovenous (AV) fistula is the preferred delivery method for hemodialysis. This measure assesses two components: 1) whether patients have a functioning AV fistula, or 2) if not, was the patient referred for an AV fistula or permanent vascular access at least once during the reporting year. This measure

captures actions that are within a nephrologist's control (e.g., referral) rather than simply measuring the percentage of patients who have an AV fistula.*

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Patients should have a functional permanent access at the initiation of dialysis therapy. A fistula should be placed at least 6 months before the anticipated start of hemodialysis (HD) treatments. This timing allows for access evaluation and additional time for revision to ensure a working fistula is available at initiation of dialysis therapy. A graft should, in most cases, be placed at least 3 to 6 weeks before the anticipated start of HD therapy. Some newer graft materials may be cannulated immediately after placement. A peritoneal dialysis (PD) catheter ideally should be placed at least 2 weeks before the anticipated start of dialysis treatments. A backup HD access does not need to be placed in most patients. A PD catheter may be used as a bridge for a fistula in "appropriate" patients. (National Kidney Foundation [NKF], 2006)

PRIMARY CLINICAL COMPONENT

End stage renal disease (ESRD); arteriovenous (AV) fistula; hemodialysis; vascular access

DENOMINATOR DESCRIPTION

All patients aged 18 years and older with a diagnosis of end stage renal disease (ESRD) and receiving hemodialysis (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients who have a functioning arteriovenous (AV) fistula OR patients who are referred for AV fistula at least once during the 12 month reporting period

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [NKF-KDOQI clinical practice guidelines for vascular access: update 2006.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories**IOM CARE NEED**

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure**CASE FINDING**

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged 18 years and older with a diagnosis of end stage renal disease (ESRD) and receiving hemodialysis

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS**Inclusions**

All patients aged 18 years and older with a diagnosis of end stage renal disease (ESRD) and receiving hemodialysis

Exclusions

- Documentation of medical reason(s) for not having a functioning arteriovenous (AV) fistula or being referred for an AV fistula/permanent vascular access (e.g., documentation of a functioning AV graft)

- Documentation of patient reason(s) for not having a functioning AV fistula or being referred for an AV fistula/permanent vascular access

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter
Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients who have a functioning arteriovenous (AV) fistula OR patients who are referred for AV fistula at least once during the 12 month reporting period

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Measure #2: vascular access - patients receiving hemodialysis.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

MEASURE SET NAME

[End Stage Renal Disease Physician Performance Measurement Set](#)

SUBMITTER

American Medical Association on behalf of the Renal Physicians Association and the Physician Consortium for Performance Improvement®

DEVELOPER

Physician Consortium for Performance Improvement®
Renal Physicians Association

FUNDING SOURCE(S)

Unspecified

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

INCLUDED IN

Ambulatory Care Quality Alliance
Physician Quality Reporting Initiative

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2007 Mar

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Renal Physicians Association, Physician Consortium for Performance Improvement. End stage renal disease (ESRD) physician performance measurement set. Chicago (IL): American Medical Association; 2007 Mar 9. 27 p. [8 references]

MEASURE AVAILABILITY

The individual measure, "Measure #2: Vascular Access - Patients Receiving Hemodialysis," is published in the "End Stage Renal Disease (ESRD) Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on April 28, 2008. The information was verified by the measure developer on June 11, 2008.

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Date Modified: 11/3/2008

